## **APPENDIX H: NEW POSITION REQUEST FORM**

1. Proposed Position Title:	2. Departme	nt:	
3. Position reports to:		4. Date all materials received by	
		Personnel:	
5.  Full-time; Part-Time: Other:	6. Estimated	hours per week:	
LTE/Seasonal/Reserve/Intern			
	1.1	0 D 11	
	vered by grant funding:	9. Proposed date to fill	
□yes □no □yes %	no	position:	
Deguined Connecting Degrace testions			
Required Supporting Documentation:  Drapased is bedescription and title indication of addition or deletion of significant duties.			
Proposed job description and title, indication of addition or deletion of significant duties, skill requirements, responsibilities, and/or education or experience requirements			
Proposed pay group			
Supporting documentation (i.e. job study data, internal equity)			
Total financial impact to implement new pos	ition: \$	Budget	
year:	πιοπ. ψ	Duaget	
year			
Plan of how financial impact will be absorbed			
Proposed change to department's organizational chart			
Department Head Signature:		Date:	
Department Head Signature:		Date:	
Department Head Signature:  Supervisory Committee Action:  Approved	☐ Denied	Date:	
	☐ Denied		
Supervisory Committee Action: Approved  Personnel Committee Action: Approved	Denied	Date:	
Supervisory Committee Action: Approved		Date:	
Supervisory Committee Action: Approved  Personnel Committee Action: Approved	Denied	Date:	
Supervisory Committee Action: Approved  Personnel Committee Action: Approved  Compensation Plan Consultant: Endorsement	☐ Denied	Date:  Date:	
Supervisory Committee Action: Approved  Personnel Committee Action: Approved  Compensation Plan Consultant: Endorsement  TO BE COMPLETED BY THE OFFICE	☐ Denied ☐ Denied ☐ CE OF FINANCE ANI	Date:  Date:	
Supervisory Committee Action: Approved  Personnel Committee Action: Approved  Compensation Plan Consultant: Endorsement	☐ Denied	Date:  Date:	
Supervisory Committee Action: Approved  Personnel Committee Action: Approved  Compensation Plan Consultant: Endorsement  TO BE COMPLETED BY THE OFFIC  Approved New Position Title:	Denied  Denied  CE OF FINANCE ANI Effective Date:	Date: Date: Date: Date:	
Supervisory Committee Action: Approved  Personnel Committee Action: Approved  Compensation Plan Consultant: Endorsement  TO BE COMPLETED BY THE OFFIC  Approved New Position Title:  Pay Group:	Denied  Denied  CE OF FINANCE ANI Effective Date:  Pay Class: hourly;	Date:  Date:	
Supervisory Committee Action: Approved  Personnel Committee Action: Approved  Compensation Plan Consultant: Endorsement  TO BE COMPLETED BY THE OFFICE  Approved New Position Title:  Pay Group: Job Code:	Denied  Denied  CE OF FINANCE ANI Effective Date:  Pay Class: hourly; Union Code:	Date: Date: Date: Date:  Date:  Date:  Date:  Date:  Date:  Description:  Description:  Description:  Date:  Description:  Descr	
Supervisory Committee Action: Approved  Personnel Committee Action: Approved  Compensation Plan Consultant: Endorsement  TO BE COMPLETED BY THE OFFIC  Approved New Position Title:  Pay Group:	Denied  Denied  CE OF FINANCE ANI Effective Date:  Pay Class: hourly;	Date: Date: Date: Date:  Date:  Date:  Date:  Date:  Date:  Description:  Description:  Description:  Date:  Description:  Descr	
Supervisory Committee Action: Approved  Personnel Committee Action: Approved  Compensation Plan Consultant: Endorsement  TO BE COMPLETED BY THE OFFICE Approved New Position Title:  Pay Group: Job Code: Workmen's Comp Code: New EEOC Function Number:	Denied  Denied  CE OF FINANCE ANI Effective Date:  Pay Class: hourly; Union Code:	Date: Date: Date: Date:  Date:  Date:  Date:  Date:  Date:  Description:  Description:  Description:  Date:  Description:  Descr	
Supervisory Committee Action: Approved  Personnel Committee Action: Approved  Compensation Plan Consultant: Endorsement  TO BE COMPLETED BY THE OFFICA  Approved New Position Title:  Pay Group: Job Code: Workmen's Comp Code:	Denied  Denied  CE OF FINANCE ANI Effective Date:  Pay Class: hourly; Union Code:	Date:  Date:  Date:  Date:  Salary; other  Gory:	